Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)	ık,	Date Stamp	CALIFO	am 400	
SEE INSTRUCTIONS ON REVERSE	Statement covers period from JAN 1, 2000 through JUNE 30, 2000	Date of election if applicable: (Month, Day, Year)		Page	Official Use Only
Controlled Committee (Also Complete Part 4.) Ballot Measure Committee O Primarily Formed	nmittees – Complete Parts 1, 2, 3, and 7. rimarily Formed Candidate/ fficeholder Committee Iso Complete Part 6.) eneral Purpose Committee Sponsored Broad Based	2. Type of Stateme Pre-election State Semi-annual State Termination State Amendment (Expl	ment ement nent	Suppleme	Statement dd-Year Report ntal Pre-election - Attach Form 495
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET ON P	11 CODE ANEA CODEMINONE 95240 209 368-55	MAILING ADDRESS P.O.BOX CITY LODI NAME OF ASSISTANT TREASU	STATE CA	ZIP CODE 95241 ZIP CODE	AREA CODE/PHONE 209 483-8 AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FÄX/E-MAIL ADDF	ESS		

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

	COVERP	AGE - PA	RT 2
	ORNIA DRM	46	0
D	-7	. 7	

			· · · · · · · · · · · · · · · · · · ·		1.490	
. Officeholder or Candidate Controlled Committee	5.	Ballot Measure Cor	nmittee			
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE				
TAJ KHAN						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
CITY COUNCIL MEMBER.						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	_	Identify the controlling office	holder, candida	ate, or state m	easure propone	ent, if any.
1112 RIVERGATE DR. LODI CA 9524	0	NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	PONENT		·
Related Committees Not Included in this Statement: List any committees						
not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME I.D. NUMBER	6	. Primarily Formed C		E List names	of officeholder(:	s) or candidate(s,
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
Attach continuatio	n shee	ts if necessary		.1		
. Verification						
I have used all reasonable diligence in preparing and reviewing this statement and is true and complete. I certify under penalty of perjury under the laws of the State of					n and in the a	ttached schedu
Executed on 7/31/00 By	-	signature of treasures	OR ASSISTANT TE	REASURER		
Executed on 7/31/00 By	NTROLL	ING OFFICEHOLDER, CANDIDATE, STAT	E MEASURE PROP	ONENT OR RESPO	ONSIBLE OFFICER C	DF SPONSOR
Executed on By	SIONA	NTURE OF CONTROLLING OFFICEHOLDE	R, CANDIDATE, ST	ATE MEASURE PE	OPONENT	
Executed on By	SIGNA	NURE OF CONTROLLING OFFICEHOLDE	R, CANDIDATE, ST.	ATE MEASURE PE	IOPONENT	

Campaign Disclosure Statement Summary Page	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	î	through JUNE 30,2000	Page\ of
TAI KHAN			981946
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE DELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions	2 \$	\$ 8961.41 \$ 8961.41 \$ 698.00 \$ 9659.41	\$ 8961.41 \$ 8961.41 698.00 \$ 9659.41
3. TOTAL GOVERNMENT THE ELECTRICAL STATE OF THE STATE OF			
Expenditures Made 6. Payments Made Schedule E, Line 7. Loans Made Schedule H, Line		\$ 8961.41	s_8961.41
8. SUBTOTAL CASH PAYMENTS	7 \$	\$ 5961.41	\$ 8961.41
10. Nonmonetary Adjustment	9 3	\$ 965941	<u>698.00</u> <u>9659.41</u>
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 13. Cash Receipts Column A, Line 3 about Miscellaneous Increases to Cash Schedule I, Line	νθ	* From previous statement Summary is the first report filed for the calendar except for Loans Received (Line 2), L Expenses (Line 9).	year, Column B should be blank
15. Cash Payments		Summary for Candidate November Elections	s in Both June and
17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column ((b) \$	20. Contributions Received \$	9659.4

Cash Equivalents and Outstanding Debts

FPPC Form 460 (8/99) For Technical Assistance: 916/J22-5660

9 659.41

21. Expenditures

Schedule A Monetary Contributions Received		Amount	e or print in ink. ts may be rounded whole dollars.	Statement cov			SCHEDULE A FORNIA 460 ORM
SEE INSTRUCTION	NS ON REVERSE			through JUN			_1ot2
	TAJ KHAN						31946
DATE RECEIVED	*ULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE •	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		□ IND □ COM □ OTH		NONE	NON	-	^જ 9¢1.4
		□ IND □ COM □ OTH	,				_
		□ IND □ COM □ OTH					
		□ IND □ COM □ OTH					
		□ IND □ COM □ OTH					
			SUBTOTAL	\$		W.Y.	
1. Amount re	A Summary ceived this period – contributions of \$100 or more. I Schedule A subtotals.)		\$ —		(*Contr	ibutor Codes
3. Total mone	ceived this period – unitemized contributions of less etary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co.						ndividual - Reciplent Committee Other

FPPC Form 460 (8/99) For Technical Assistance: 916/322-5660

	A (Continuation Sheet) Contributions Received	Amoun	o or print in ink. ts may be rounded whole dollars.	Statement co from エAN 1 through 土いい		SCHEDULE A (CONT.) CALIFORNIA 460 Page 2 of 2
NAME OF FILEH	TAI ICHAN					981946
DATE RECEIVED	ULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERED, NUMBER)	CODE 4	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE. (JAN 1 - DEC 3	AR OTHER
	NOT APPLICABLE	IND COM				
		☐ IND ☐ COM ☐ OTH				
		□ IND □ COM □ OTH			1	
	i	☐ IND ☐ COM ☐ OTH				
		□ IND □ СОМ □ ОТН				
		☐IND ☐ COM ☐ OTH				
			SUBTOTAL S	3	BH WAY M	

*Contributor Codes

IND – Individual COM – Recipient Committee OTH – Other

FPPC Form 460 (8/99) For Technical Assistance: 916/322-5660

	e B – Part 1		Type or print in ink. Amounts may be rounc	led [Statement c	overs perlod		DULEB PART
Loans Ro	eceived		to whole dollars.		Irom JAN	1,2000	FORM	"^ 46U
SEE INSTRUCTI	ONS ON REVERSE		1		through <u>JO</u>	NE 30,2000		01_4_
NAME OF FILER	TAI KHUN						1.D. NUMBER	746
DATE	FULL NAME, MAILING ADDRESS AND ZIP CODE	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER		LENDER INFORMAT	ION	GUARANTOR	INFORMATION
RECEIVED	OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE •	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DUE DATE/ INTEREST RATE	(a) AMOUNT OF LOAN	CUMULATIVE TO DATE	(b) AMOUNT GUARANTEED	CUMULATIVE TO DATE
	_			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	NOT APPLICADLE	☐ IND ☐ COM ☐ OTH		INTEREST RATE		S		\$
	☐ Lender ☐ Guarantor			*		s		s
		COM		DUE DATE		CALENDAR YEAR	~~~	CALENDAR YEAR
	☐ Lender ☐ Guarantor	□ОТН		×		OTHER		OTHER
		☐ IND ☐ COM ☐ OTH		DUE DATE		CALENDAR YEAR SOTHER		CALENDAR YEAR S OTHER
	Lender Guarantor			<u> </u>		SAINVIEGON		Enter (b) on
				SUBTOTAL	. \$	17.83131419	\$	Summary Page Line 17 only.
1. Loans of	B - Part 1 Summary \$100 or more received this period. (Inclureceived this period - unitemized loans of					·		
	ns received this period. (Add Lines 1 and B — Part 2 Summary	i 2.)		ТОТА	.L \$	•		
subtotals 5. Loans ur	\$100 or more repaid, forgiven, or pald by s. If forgiven or paid by a third party, also ander \$100 repaid, forgiven, or pald by a third party, include this amount on Sche	Itemize the tra ilrd party. (Do	insaction on Schedule A.) not itemize.) If forgiven or	•••••			*Contributor C	

OTH - Other

Schaduk	3 – Part 1 (Continuation She	et)	Type or print in ink,	_			SCHEDULE B	- PART 1 (CONT.)
Loans R		J.,	Amounts may be round to whole dollars.	ed	Statement co	overs perlod	CALIFORN	11A 460
Loans in	Cocived		to whole dollars.		from JAN	1,2000	FORM	400
			1	}	through JUN	JE 30,200	Page 2	01_4_
NAME OF FILER							I.D. NUMBER	
	TAT ICH AN						981	946
	FIRE VALUE MANUAL ADDRESS AND TIP CODE		IF AN INDIVIDUAL, ENTER		LENDER INFORMATI	ON	GUARANTOR	INFORMATION
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DUE DATE/ INTEREST RATE	(a) AMOUNT OF LOAN	CUMULATIVE TO DATE	(b) AMOUNT GUARANTEED	CUMULATIVE TO DATE
				DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	NOT 100	☐ IND			1	<u> </u>		
	NOT APPLICABLE	COM		INTERESTRATE		OTHER		OTHER
		□нто□				J. I		Omen
	☐ Lender ☐ Guarantor			%		\$		1
				DUE DATE	į	CALENDAR YEAR		CALENDAR YEAR
		DIND			_	5		i
		□ СОМ		INTEREST RATE		ОТНЕЯ		OTHER
	Lender			<u> </u>		ļ.		
	T Common	-		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	i	DIND						
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	☐ Lender ☐ Guarantor	_,		<u> </u>	ļ	5	,	\$
				DUE DATE	ļ.	CALENDAR YEAR		CALENDAR YEAR
		□ COM				.1		
		□ ОТН		INTERESTRATE		OTHER		OTHER
	☐ Londer ☐ Guaranlor]]		·×	1	<u> </u>		S
				DUE DATE	-}	CALENDAR YEAR		CALENDAR YEAR
					1	1		
		СОМ		INTEREST RATE	1	\$. 1
		□отн			ı	OTHER		OTHER
	☐ Lender ☐ Guaranlor				_	<u></u>		. 1
			.	SUBTOTAL	. \$		\$	Enter (b) on Summary Page, Line 17 only.

*Contributor Codes
IND – Individual
COM – Reciplent Committee
OTH – Other

Schedule B - Part 2 Type or print in lnk. Statement covers period CALIFORNIA Amounts may be rounded Repayments Made on Loans Received, Loans to whole dollars. Forgiven, and Loans Repaid by a Third Party through JUNE 30, 2000 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER TAI KHAN 981946 (c) (d) DATE OF INTEREST AMOUNT REPAID OR DATE OF REPAYMENT OUTSTANDING FULL NAME OF LENDER INTEREST RATE ORIGINAL LOAN FORGIVEN ON PRINCIPAL* PRINCIPAL PAID (IF CHANGED) FORGIVENESS (EXCLUDE PAYMENT OF INTEREST) NOT APPLICABLE **TOTAL INTEREST** SUBTOTAL \$ · Attach additional information on appropriately labeled continuation sheets. **PAID THIS PERIOD \$**

* IMPORTANT: If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A,

forgiven or paid.

including the name and address of the person forgiving the loan or the third party making the payment, and the amount

Enter the amount in column (d) in the Schedule E

Summary, Line 3. Do not carry this total to the

Schedule B Summary,

SCHEDULE B - PART 2

Schedule B – Part 3 Annual Report of Outstanding Loans Received		Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from IAN 1 2000	SCHEDULE B - PART 3 CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE			through TUNE 30, 200	3
NAME OF FILER				1.D. NUMBER 981946
FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
NOT APPLICABLE				
·				
Attach additional information on appropriate	y labeled continuation she	pols. TOTAL \$		

Schedul	e C		Type or	print in ink.					501155111 50
Nonmon	etary Contributions Received		to whole dollars.			Statement covers		CALIF	DRNIA 460
SEE INSTRUCTI	IONS ON REVERSE					ugh TUNE 3	ı	Page	1 01 1
I I I I I I I I I I I I I I I I I I I	TAT KHAN							I.D. NUME	1946
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 - I	RVE TO E R YEAR	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		☐ IND ☐ COM ☐ OTH				_	_		698.00
···		□ IND □ COM □ OTH							
		□ IND □ COM □ OTH							
	,	□ IND □ COM □ OTH							
Attach add	ditional information on appropriately label	led continuat	ion sheets.	SUBTO	OTAL \$	6698.00	AL THE STATE OF	1869	
1. Amount r	e C Summary received this period – nonmonetary contrib all Schedule C subtotals.)	utions of \$100	0 or more.		\$_	_		IND - It	outor Codes Individual
	received this period – unitemized nonmone		ions of less than \$100		\$			OTH-	Reciplent Committee Other
	nmonetary contributions received this perio es 1 and 2. Enter here and on the Summar		mn A, Lines 4 and 10.)	тот	AL \$ _				

Schedule D SCHÉDULE D Summary of Expenditures Type or print in Ink. Statement covers period **CALIFORNIA** Amounts may be rounded Supporting/Opposing Other to whole dollars. from JAN 1 2000) **FORM** Candidates, Measures and Committees through <u>JUNE 30.2000</u> SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 981946 TAT KHAN DESCRIPTION OF NONMONETARY CANDIDATE AND OFFICE, TYPE OF PAYMENT AMOUNT THIS PERIOD **CUMULATIVE AMOUNT** DAT CONTRIBUTION MEASURE AND JURISDICTION, OR COMMITTEE (IF REQUIRED) Calendar Year ☐ Monetary Contribution NOT APPLICABLE Non-Monetary Other Contribution Independent Expenditure Oppose Support Monetary Calendar Year Contribution Non-Monotary Contribution Other Independent Expenditure ☐ Oppose ☐ Support Monetary Calondar Year Contribution Non-Monetary Contribution Other Independent Expenditure ☐ Support . Dppose SUBTOTAL \$ Schedule D Summary 1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)\$ 2. Unitemized contributions and independent expenditures made this period of under \$100\$ 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$

Schedu D (Continuation Sheet) SCHEDULE D (CONT.) Type or print in ink. Summary of Expenditures Statement covers period **CALIFORNIA** Amounts may be rounded Supporting/Opposing Other to whole dollars. FORM from JAN 1 2000 Candidates, Measures and Committees through TONE 30 NAME OF FILER THE KHAN **DESCRIPTION OF NONMONETARY** CANDIDATE AND OFFICE, DATE TYPE OF PAYMENT AMOUNT THIS PERIOD **CUMULATIVE AMOUNT** CONTRIBUTION MEASURE AND JURISDICTION, OR COMMITTEE (IF REQUIRED) ☐ Monetary Calendar Year Contribution NOT APPLICABLE Non-Monetary Contribution Other Independent Expenditure Support ☐ Oppose ☐ Monetary Calendar Year Contribution ☐ Non-Monetary Contribution Other Independent Expanditure Support ☐ Oppose Monetary Calendar Year Contribution Non-Monotary Contribution Other Independent Expenditure Support . Opposa Monetary Calendar Year Contribution Non-Monalary Contribution Other Independent

Expenditure

SUBTOTAL \$

☐ Support

□ Oppose

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER TAI KHAN	Amoun	o or print in ink. ts may be rounded whole dollars.	Statement covers period from _TAN1 / 2000 through _TONE 30, 2000	CALIFORNIA 460 FORM Page of I.D. NUMBER 981946
CODES: If one of the following codes accurately described: CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FND fundralsing events IND Independent expenditure supporting/opposing others (explain)* LIT campaign literature and mailings MTG meetings and appearances	OFC office expens PET petition circul PHO phone banks POL polling and su POS postage, deliv PRO professional	os aling	Otherwise, describe the payment. RFD returned contributions SAL campalgn workers salaries TEL t.v. or cable airtime and produced travel, lodging an Stall/spouse travel, lodging TSF transfer between committee VOT voter registration WEB Information technology cost	duction costs id meals (explain) and meals (explain) es of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
* Payments that are contributions or independent expenditures must a	also be summarized on	Schedule D.	SUI	BTOTAL \$
Schedule E Summary 1. Payments made this period of \$100 or more. (Include all 2. Unitemized payments made this period of under \$100,				

Schedule E	Type or print in ink.		SCHEDULE E (CONT.)
(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460 FORM
		į.	

(Cont Paym through JONE 30 2000 Page 2 of 2 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER TAI KHAN 981946 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. OFC office expenses CMP campalgn paraphematia/misc. RFD returned contributions CNS campaign consultants PET patition circulating SAL campaign workers salaries PHO phone banks TEL t.v. or cable airtime and production costs CTB contribution (explain nonmonetary)* CVC civic donations POL polling and survey research TRC candidate travel, lodging and meals (explain) POS postage, delivery and messenger services FND fundralsing events TRS staff/spouse travel, lodging and meals (explain) Independent expenditure supporting/opposing others (explain)* PRO professional services (legal, accounting) transfer between committees of the same candidate/sponsor campaign literature and mailings eba Inhq VOT voter registration RAD radio airtime and production costs MTG meetings and appearances WEB Information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE OR CREDITOR CODE ЮR **DESCRIPTION OF PAYMENT** AMOUNT PAID HE COMMITTEE, ALSO ENTER I.D. NUMBER) NOT APPLICABLE

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period from TAN 1,2000 CALIFORNIA 460

through TONE 30,200 Page 1 of 2

I.D. NUMBER

98 194 6

.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAI KHAN

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalla/misc. OFC office expenses RFD returned contributions CNS campaign consultants PET petition circulating SAL campaign workers salaries CTB contribution (explain nonmonetary)* PHO phone banks TEL t.v. or cable airtime and production costs CVC civic donations POL polling and survey research TRC candidate travel, lodging and meals (explain) POS postage, delivery and messenger services staff/spouse travel, lodging and meals (explain) FND fundraising events PRO professional services (legal, accounting) IND Independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor PRT print ads campaign literature and mailings VOT voter registration RAD radio airtime and production costs MTG meetings and appearances WEB Information technology costs (Internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NOT APPLICABLE					

Schedule F	
(Continuation Sheet)	
Accrued Expenses (Unpaid Bills)

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period from Thu 1,2000 FORM 460

through TONE 30,2000 Page 2 of 2

SCHEDULE F (CONT.)

NAME OF FILER

LD. NUMBER

981946

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. OFC office expenses RFD returned contributions PET petition circulating SAL campaign workers salaries CNS campaign consultants PHO phone banks t.v. or cable airtime and production costs CTB contribution (explain nonmonetary)* TEL CVC civic donations polling and survey research candidate travel, lodging and meals (explain) staff/spouse travel, lodging and meals (explain) POS postage, delivery and messenger services FND fundraising events transfer between committees of the same candidate/sponsor Independent expenditure supporting/opposing others (explain)* PRO professional services (legal, accounting)

LIT campaign literature and mailings PRT print ads VOT voter registration

MTG meetings and appearances RAD radio airtime and production costs WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
NUT APPLICADLE							
SUBTOTALS \$ \$ \$							

Schedu G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in ink. Amounts may be rounded to whole dollars.			u	ntcovers period		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through	TOUE 30,200	1	01	
NAME OF FILER TAJ KHAN						I.D. NUMBER	1946	
NAME OF AGENT OR INDEPENDENT CONTRACTOR								
CODES: If one of the following codes accurately describe CMP campalgn paraphernalia/misc. CNS campalgn consultants CTB contribution (explain nonmonetary)* CVC civic donations FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LIT campalgn literature and mailings MTG meetings and appearances * Payments that are contributions or independent expenditures must also	OFC office experiments of the period of the phone band polling and postage, dependence of the period	inses culating ks I survey rese elivery and m al services (I	arch nessenger services egal, accounting) clion costs	RFD rei SAL ca TEL t.v TRC ca TRS sta TSF tra VOT vo	cribe the payment, urned contributions impalgn workers salaries, or cable alritime and produced travel, lodging a liff/spouse travel, lodging inside between committed to registration ormation technology contributions.	s oduction costs nd meals (exp g and meals (e ees of the sam	lain) explain) e candidate/sponsor	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION OF PAY	MENT		AMOUNT PAID	
NOT APPLICABLE								
	, ,/ ,							
Attach additional information on appropriately labeled continue	ation sheets.					TOTAL' \$	<u> </u>	

^{*}Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H -	Part 1		Type or print in lnk.				SCHEDULE H - PART 1
Loans Made to Others*			Amounts may be rounded			ement covers period	CALIFORNIA 460
			to whole dollars.		from	1/1/2000	FORM 400
SEE WATELIATIONS ON E	arvenne.		i		through	6/306000	Page of3
SEE INSTRUCTIONS ON R NAME OF FILER	(EAEH2E			***************************************			I.D. NUMBER
	TAT KH	AN					981946
DATE OF LOAN		NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		INTEREST	RATE	DUE DATE	AMOUNT
	NOT AP	PLICADLE					
				•			
Loans that are contrib	outlons to another candle	date or committee must also be summa	ized on Schedule D.			SUBTOTAL	\$
Schedule H – P	Part 1 Summary						
1. Loans of \$100 or	r more made this per	riod. (Include all Loans Made – F	Part 1 subtotals.)			\$	
2. Unitemized loans	s under \$100 made i	his period				\$	-
3. Total loans made	e this period. (Add L	ines 1 and 2.)			тот	AL\$	
4. Payments received loans of \$100 or also of the second o	r more forgiven by the itemize on Schedu ments received on giveness.)	period.	otals.			\$	
Enter the net he	period. (Subtract I ere and on the Sum	mary Page, Column A, Line 7.)		•••••	NE	ET \$ May be a negative number	,

Schedule H - Part 2 Type or print in ink. SCHEDULE H - PART 2 Repayments on Loans Made to Others Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. and Loans Forgiven 1/1/2000 FORM 6/30/2000 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER KHAN 981946 TAT DATE OF DATE OF (b) INTEREST INTEREST AMOUNT REPAID OR REPAYMENT OR ORIGINAL **FULL NAME OF RECIPIENT OF LOAN OUTSTANDING** FORGIVEN ON PRINCIPAL*

[EXCLUDE RECEIPT OF INTEREST] RATE RECEIVED PRINCIPAL FORGIVENESS LOAN (IF CHANGED) NOT APPLICABLE

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

TOTAL INTEREST RECEIVED THIS PERIOD

\$

* IMPORTANT: If any part of a loan is forgiven, also itemize the forgiveness on Schedule E. If a repayment is received from a third party, enter the name and address of third party in the "FULL NAME OF RECIPIENT OF LOAN" column above, along with the name of the recipient of the loan.

Enter the amount in column (b) in the Schedule I Summary, Line 3. Do not carry this total to the Schedule H Summary.

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 7.

Schedule I		Type or print in ink.	,	SCHEDULE		
Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460		
			from 4 1/1/2000	FORM 400		
SEE INSTRUCTIONS ON	JAFVERSE		through <u>4/30/2000</u>	Page of/		
NAME OF FILER	(Martine			I.D. NUMBER		
	TAJ KHAN			981946		
DATE FULL NAME AND ADDRESS OF SOURCE RECEIVED (IF COMMITTEE, ALSO ENTER I.D., NUMBER)		DESCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH		
	NOT APPLICABLE					
		79.				
Attach addition.	al information on appropriately labeled continuation sheets.		SUBTOTAL	\$		
Schedule I Su	ımmary					
	eash of \$100 or more this period		\$	-		
	creases to cash under \$100 this period					
	erest received this period on loans made to others. (S					
4. Total miscella	neous increases to cash this period. (Add Lines 1, 2, ge, Line 14.)	and 3. Enter here and on the		_		
outilitially ray	jo, 200 1 1.7			- FPPC Form 460 (8/99) nical Assistance: 916/822-5660		



MEMORANDUM Office of the Lodi City Clerk

TO:

File

FROM:

Jennifer M. Perrin Deputy City Clerk

DATE:

August 1, 2000

SUBJECT:

1ST SEMI-ANNUAL CAMPAIGN FILING FOR TAJ KHAN

The 1st Semi-Annual Campaign Filing for Committee to Elect Taj Khan for City Council was submitted to the City Clerk's office one day late (received August 1, 2000 at 8:23 a.m.). Per City Clerk Blackston, due to the fact that Mr. Khan has not had a history of late filings, she waived the associated fine.

I relayed this information to Taj Khan by message on Tuesday, August 1, 2000.

JMP

elections/filings/mfile.doc